

1. Incident Name	2. Date Prepared	3. Time Completed	UNIT DEBRIEF LOG ICS 214B – NDOW
Hurricane Harvey	9/2/3/17	1430	
4. Unit Name/Designators	5. Unit Leader		6. Daily Operational Period
Charlie Branch (Port Arthur/Beaumont)	Name: P. Delgado		DATE TIME
	Position: Branch Director		From: 9/3/17 0700-1900 To:
7. Personnel Roster Assigned			
Name	ICS Position	Affiliation	
Paige Delgado	Branch Director	EPA	
CWO Matt Hampton	Deputy Branch Director	USCG	
Chris Wagner	Deputy Branch Director	EPA	
Manuel Schmaedick	Hazard Evaluation Group Supervisor	EPA	
8. Operational Period Debrief			
General Remarks / Accomplishments:			
<p>During this operational period, EPA OSCs Manuel and Wagner mobilized to Site to start up field operations. Much of this Division is still inaccessible due to flooding. An operational structure being set up to begin field ops tomorrow. 4 USCG/TGLO teams to begin hazard assessment tomorrow. The EPA Branch Director conducted conference call with EPA, USCG, TGLO, and TCEQ to plan operations for next several days. START expected on scene late tonight to assist with data support. This Branch is in need of a command trailer or command post to conduct operations. The current location for Charlie Branch is USCG small trailer in Target parking lot adjacent to the Port Arthur MSU.</p>			
<p>ADDITIONAL/SUPPORTING DOCUMENTATION: <input type="checkbox"/>Response Manager <input type="checkbox"/>Photographs <input type="checkbox"/>Video <input type="checkbox"/>Logbook <input type="checkbox"/>Other: _____</p>			
Health & Safety Issues / Problem Areas:			
<p>No work being performed in flooded areas due to fast currents</p>			
Next Operational Period Requirements (Additional-Reduction in Resources) (Tactical Changes):			
<p>Mobile or stationary command post location Maps for hazard assessment</p>			

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Preparer Name:	Position:				
9. Equipment Assigned					
Support Vehicle Inventory:					
Vehicle Type	Vehicle License/ ID No.	Agency	Start Time/ Mileage	End Time/ Mileage	Initials
Support Equipment Inventory:					
Equipment Type	Equipment License/ ID No.	Agency	Start Time	End Time	Initials
Vehicle/Equipment Unused:					
10. Prepared By (signature):					